

RESAMPLE OVERSIGHT FORM

Date: 01/29/2018 Site: Triple Site

EPA Residence Location #: RES 114

PART 1: General Information

Address: Ex. 6 Personal Privacy (PP)

Occupant Information New Tenant/Occupant?: ☐ Yes ☐ No

Vacant

Ex. 6 Personal Privacy (PP)

Occupant Name: _____ Interviewed: ☐ Yes ☐ No

Phone: _____ Email: _____

Owner/Landlord Information (if applicable)

Name: _____ Interviewed: ☐ Yes ☐ No

Phone: _____ Email: _____

*locust team placed
one sample in
the living room area*

Building Type (Circle)

Apartment Building / Single Family Home / Duplex

Building Occupancy

What times / days is building likely to receive ventilation _____

Are the heating / cooling systems routinely operated? ☐ Yes ☐ No

If yes, what times of the day / year? _____

Foundation Type (Check appropriate boxes)

☐ Crawl Space – Describe Crawlspace (Access Location, Height, and Vent Locations)

☐ Slab Condition of the Concrete / Floor _____

PART 2: Factors Impacting Indoor Air Quality

Questions

Describe remodeling, painting, or significant cleaning activities that have occurred over the last 6 months (what was done, what area, and when):

Describe any open combustion in the building (Smoking/Incense/Candles/Fireplace):

Describe any chemical-infused materials that are regularly brought into the building (including dry cleaned clothes/fabrics or those brought home from work (what/how often):

Have site chemicals of concern been used or stored in building or adjacent garage?

☐ Yes ☐ No

Have any significant amounts of volatile chemicals been used recently? ☐ Yes ☐ No

Please list the chemicals _____

Observations

What is the temperature relative to outside? _____

What pathways to the subsurface were observed? _____

RESAMPLE OVERSIGHT FORM

Date: _____ Site: Triple Site EPA Residence Location #: RES _____

Are windows and door kept open? _____
Do parts of the indoor environment appear stagnant? _____

Describe any strong odors. _____

Sampling Locations/ Notes

General notes on potential sample locations and type:

PART 3: Inventory of Potential Indoor Chemical Sources

Potential chemical source	Location of Product Source	Photograph, ingredients, PID reading?

PART 4: Building Ventilation Systems

Type(s) of Cooling/Heating Used (Check appropriate boxes)

☐ Central Forced Air (ducted)

☐ Natural Gas Furnace

☐ Air Conditioner?

☐ Outdoor Air Intake?

☐ Floor Vents on the first floor?

Location of the Furnace _____

Which rooms have air supply _____

Location of air returns _____

☐ Centrally located wall heater(s)

Natural Gas or Electric?

Location(s) _____

☐ Centrally located floor heater(s)

Natural Gas or Electric?

Location(s) _____

☐ Fireplace

Location(s) _____

☐ Window / Wall Air Conditioning Units

Location(s) _____

Are the outdoor air vents opened (if equipped) _____

Are fans used?

☐ No ☐ Yes, Ceiling fans ☐ Yes, Room Fans ☐ Yes, Kitchen Exhaust ☐ Yes, Bathroom Exhaust